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TRANSMITTAL FORM

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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number 09/469,726
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		First Named Inventor Xin WANG
		Group Art Unit 2135
		Examiner Name Leynna A. Ha
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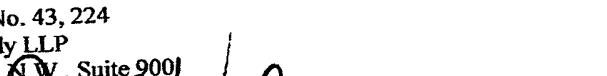
ENCLOSURES (*check all that apply*)

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Remarks

The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 19-2380 for the above identified docket number.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

SIGNATURE OF APPLICANT, IF INDIVIDUAL	
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Signature	
Date	January 5, 2005

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